									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Efféctive October 1, 2003								10815460						
		CLAIMS		S FILED - PART I (Column 1) (Column				SMALL TYPE	ENTITY	OF	OTHE SMALL	R THAN ENTITY		
	TOTAL CLAIM	:	18			-	RATE	FEE	<b>.</b>	RATE	FEE .			
F	OR	NUMBE	NUMBER FILED		JMBER EXTRA		BASIC F	EE 385.0	O OF	BASIC FEE	770.00			
	OTAL CHARGI	Uf n	₩ minus 20= *		1	] .	X\$ 9=		OF	X\$18=				
10	IDEPENDENT	1 3	9 minus 3 = *				X43=	11	OF	You				
٣	ULTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT				+ 145=		OF		<u> </u>		
*	If the difference	e in column 1 i	s less than	ess than zero, enter "0" in column 2				TOTAL			`L			
l	7-16-5	(Column 1)		MENDED - PART II  (Column 2) (Column 3)				SMALI	ENTITY		OTHER SMALL			
AMENDMENT'A		CLAIMS . REMAINING AFTER AMENDMENT		- HIGHE - NUMB - PREVIO	IER USLY	PRESENT EXTRA	<b>/</b>	RATE.	ADDI- TIONA -FEE		RATE.	ADDI- TIONAL FEE		
	Total	. 18	Miñus	-2	9	·= - /.		X\$ 9=	1	OR	X\$18=	7		
AME	Independent	1. 2	Minus -	***	3	=		-X43=	1/	OR	X86= /	/		
Ľ	FIRST PRES	ENTATION OF M	IULTIPLE DE	PENDENT	CLAIM	/		+145=	1/	1	+290=			
								TOTAL	<del>. [/</del>	OR	TOTAL			
		(Column 1)	·- · · · · · · · ·	- (Colum		(Cõlumn 3)	. '	ADDIT. FEE		JOR	ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		/ RATE	ADDI- TIONAL FEE		
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=			
AME.	Independent		Minus	a-a-a		=		X43=		OR	X86=			
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=			
	•		••				L	TOTAL			TOTAL	•		
	_	(Column 1)		(Column	2)	(Column 3)	P	DDIT. FEE			ADDIT. FEE <b>L</b>			
<u> </u>	`	CLAIMS REMAINING ÀFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total		Minus	M		=	r	X\$ 9=	,	OR	X\$18=			
	Independent	•	Minus	***		=	+	X43=		l . I	X86=			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR				
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=			
- 11 1	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"  *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL DOIT. FEE			
Th	e *Highest Numb	er Previously Paid	For (Total or	Independent)	is the hi	ighest number	found	d in the app	ropriale box	in colui	ma t.			

FORM PTO-875 (Rev 10/03)

Pajen and Trademark Office, U.S. DEPARTMENT OF COMMERCE